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METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498 □ Check □ Credit Card □ Money Order □ Noe □ Other (please identify): □ Deposit Account Number 07-0882 □ Deposit Number 07-0882 □ Deposit Number 07-0882 □ Deposit Numb	for FY 2007		J.		John Walter Englert				
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METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498 □ Check □ Credit Card □ Money Order □ None □ Other (please identify) : □ Deposit Account Deposel Account Number: 07-0832 □ Deposit Account Name: □ HOWSON LICENSING LLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge any additional fee(s) or underpayments of fee(s) □ Credit any overpayments □ Charge any additional fee(s) or underpayments of fee(s) □ Credit any overpayments □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below ind					Art Unit		22		
Check	TOTAL AMOUNT OF PA	YMENT	(\$) 990		Attorney Docket No	o. PU	J020491		
Deposit Account Deposit Account Deposit Account Number: Or-0832 Deposit Account Name: THOMSON LICENSING LLC	METHOD OF PAYMEN	T (check	all that apply)	CUSTOM	ER NUMBER 2	24498			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filling fee	☐ Check ☐ Credit Ca	rd 🔲 M	oney Order	None 🗌	Other (please idea	ntify) :			
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee	Deposit Account Dep	oosit Accou	ınt Number: 07-	<u>0832</u>	Deposit A	Account	Name: THON	ISON LICENS	ING LLC
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WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION	Charge fe	e(s) indica	ted below		. 🗆 c	Charge f	iee(s) indicated	d below, excep	t for the filing fee
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee(\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee(\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee P									
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Signature	/Joseph J. Opalach/	Registration No. (Attorney/Agent) 36,229	Telephone	609-734-6839			
Name (Print/Type)	Joseph J. Opalach		Date	12/31/08			